

Texas Department of Health
Toxic Substances Control Division
Asbestos Licensing Section

Place
Photo
Here

PO Box 141097
Austin, Texas 78714-1097
800/572-5548 or 512/834-6610

DO NOT WRITE IN THIS BOX - FOR HEALTH DEPARTMENT USE ONLY

Date Received: _____
Date Reviewed: _____
Date Approved: _____
License Number: _____
Date Issued: _____ Initials _____

Remittance #: _____ 7C790-178
Amount Received: _____
Fiscal Year: _____
Date Postmarked: _____
Date Mailed: _____ Initials _____

Application For Individual Name Change

INSTRUCTIONS: This form must be completed and submitted, along with a **\$20.00** fee, to request a name/address change. **DO NOT SEND CASH OR PERSONAL CHECKS.** A new license/registration certificate will be issued with the new name within three weeks of the Asbestos Licensing Office's receipt of your request. Print or type only, sign at the bottom, and return it to the following address: Asbestos Licensing Program 7c790-178, Texas Department of Health, PO Box 141097, Austin, Texas 78714-1097.

NOTE: Per §295.35(e), No license or registration issued under these sections may be sold, assigned or transferred. If this is the case, you will need to apply for a new license instead.

OLD NAME/ADDRESS:

Name	Telephone Number
	()
Mailing Address	City State Zip Code

NEW NAME/ADDRESS: Please send in legal documentation of name change.

Name	Telephone Number
	()
Mailing Address	City State Zip Code

I hereby certify that there are no misrepresentations in or falsifications of the information submitted on this application. I acknowledge that any falsification or misrepresentation will result in the revocation of my license/registration.

PRIVACY NOTIFICATION / NOTIFICACIÓN SOBRE PRIVACIDAD

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.tdh.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)

Tan solo por unas cuantas excepciones, usted tiene el derecho de solicitar y de ser informado sobre la información que el Estado de Texas reúne sobre usted. A usted se le debe conceder el derecho de recibir y revisar la información al requerirla. Usted también tiene el derecho de pedir que la agencia estatal corrija cualquier información que se ha determinado sea incorrecta. Diríjase a <http://www.tdh.state.tx.us> para más información sobre la Notificación sobre privacidad. (Referencia: *Government Code*, sección 522.021, 522.023 y 559.004)



stock #OGC-1 January 2002

Signature _____

Date _____

Revised January 2002